

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Our File No. : 583P21US
Applicant : Mina Azad
Serial No. : 10/032,014
Filed : December 31, 2001
Title : LABEL SWITCHED PATH OAM WRAPPER
Art Unit : 2161

The Commissioner of Patents
and Trade Marks,
Washington, D.C., 20231
U.S.A.

May 1, 2002

Received

MAY 03 2002

Dear Sir:

Technology Center 2100

Voluntary Amendment

Please substitute the enclosed formal drawings
containing Figures 1, 1A, 2, 3 and 4 for the informal
drawings presently on file.

The enclosed drawings have been professionally
drafted and no new matter has been added.

Respectfully submitted MAY 23 2002



Harold C. Baker
Registration 19333

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GROUP 3600

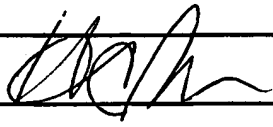
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/032,014	
	Filing Date	12/31/2001	
	First Named Inventor	Mina Azad	
	Group Art Unit	2161	
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	583P21US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harold C. Baker
Signature	
Date	05/01/2002

CERTIFICATE OF MAILING

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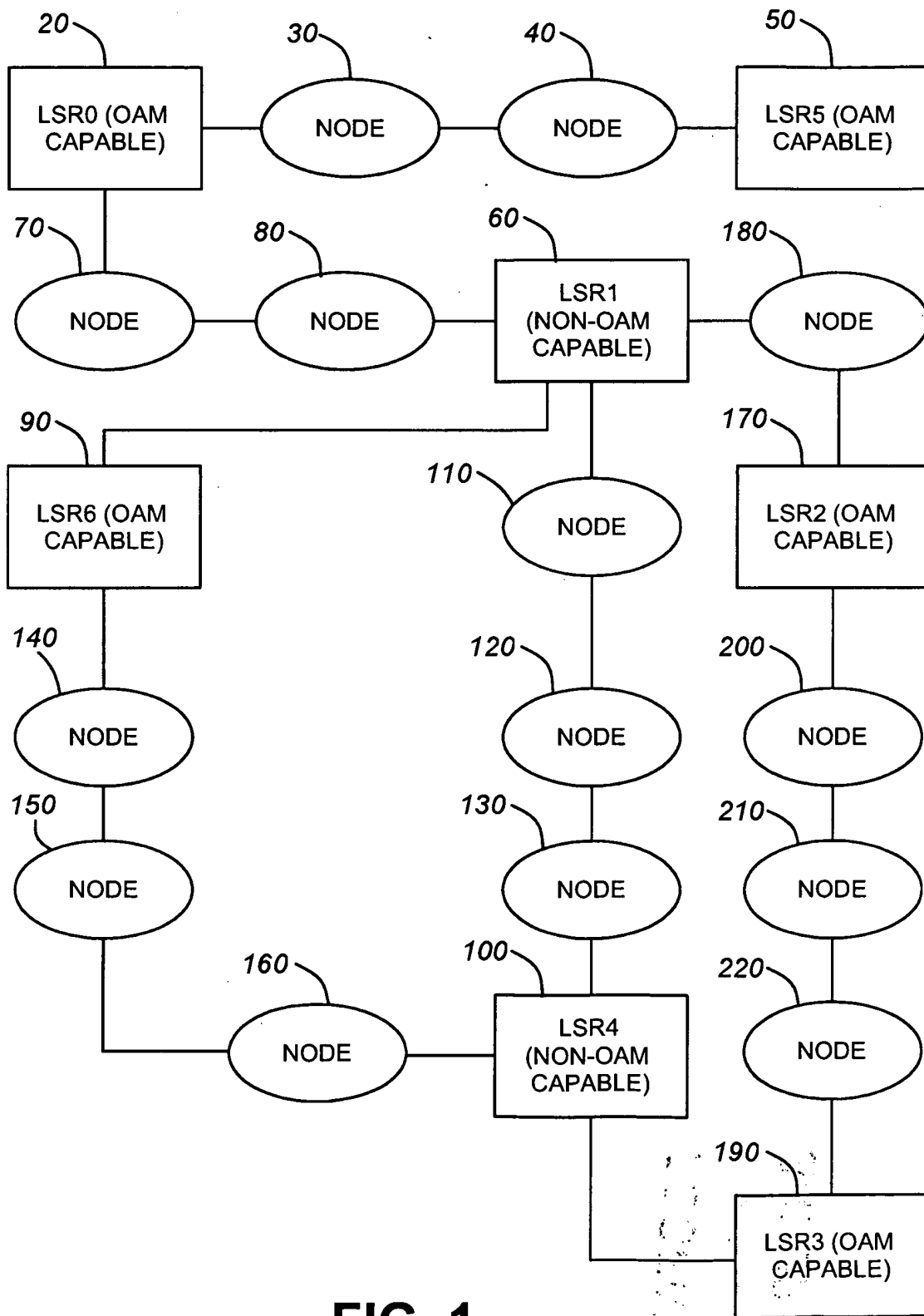


FIG. 1

10/032014

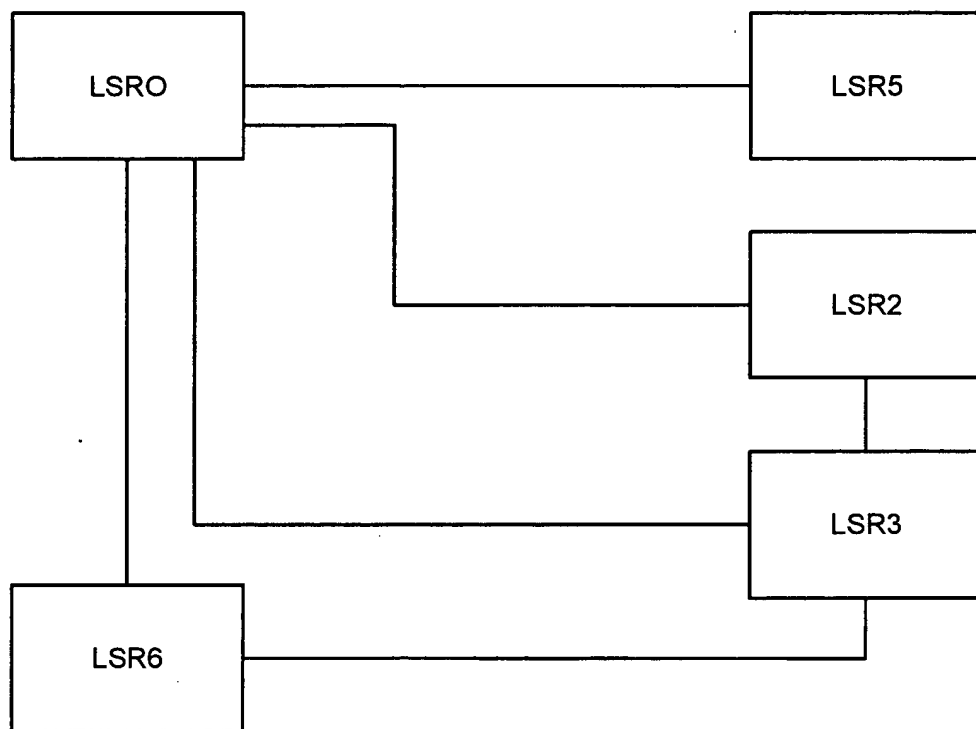


FIG. 1A

10/03/2014

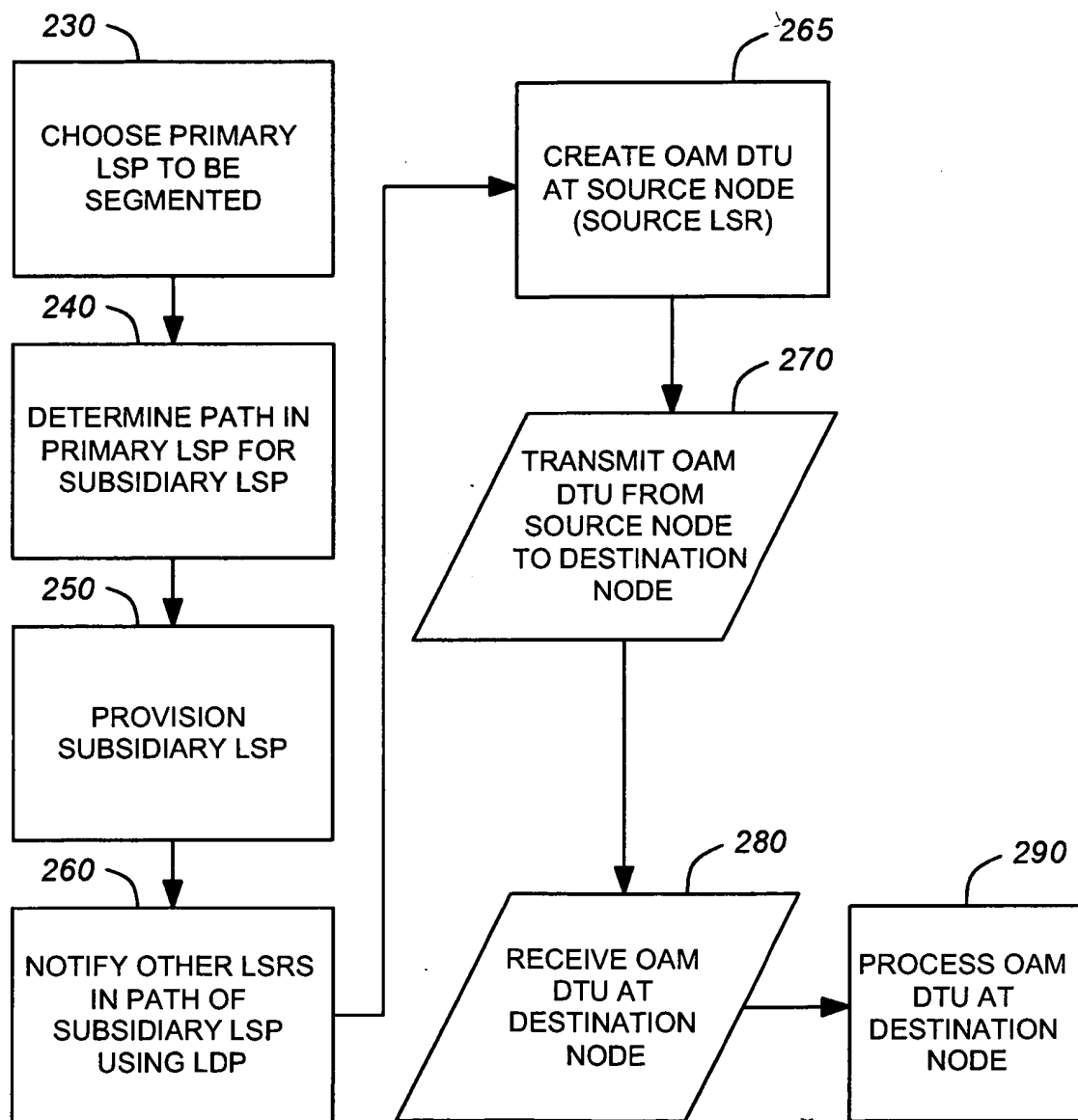


FIG. 2

10/032014

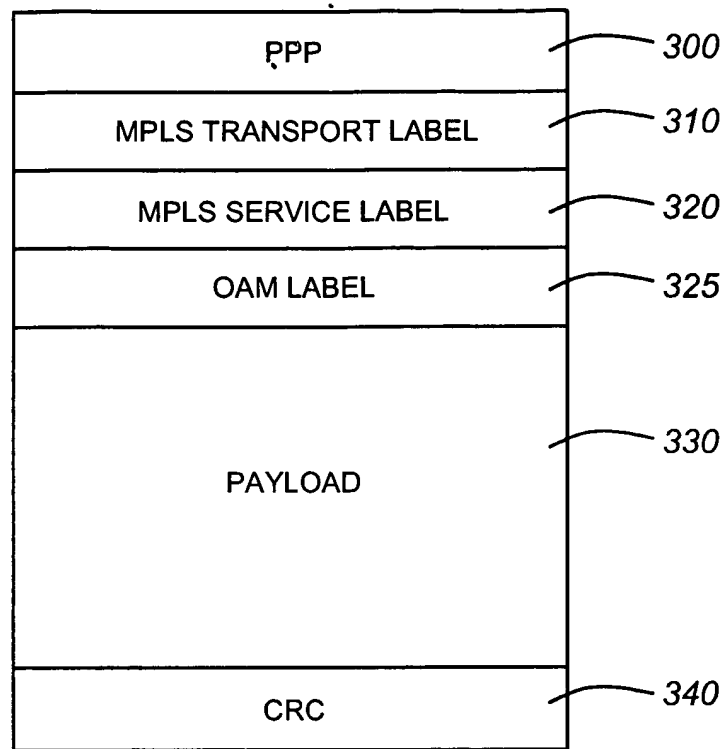


FIG. 3

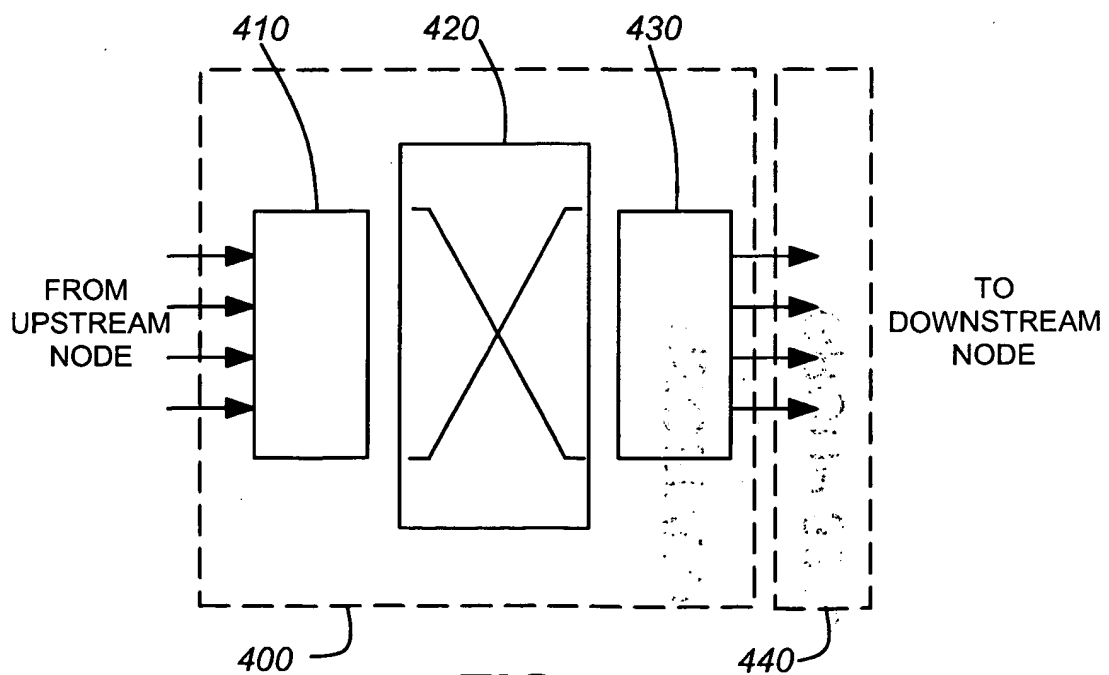


FIG. 4